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## Notice of Independent Review Decision

**DATE OF REVIEW:** 09/08/11

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Thoracic epidural steroid injection (ESI) at T12-L1 with SCARE with fluoroscopy and MAC anesthesia

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Thoracic ESI at T12-L1 with SCARE with fluoroscopy and MAC anesthesia - Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A letter "To Whom It May Concern" from D.C. dated 04/07/04  
Evaluations with M.D. at Pain Management, P.A. on 08/06/04, 09/09/04, 10/14/04, 11/24/04, 12/17/04, 01/17/05, 03/11/05, 04/08/05, 05/06/05, 06/06/05, 07/05/05, 08/02/05, 09/02/05, 09/28/05, 10/27/05, 11/22/05, 12/22/05, 01/20/06, 02/16/06, 03/16/06, 04/14/06, 05/09/06, 07/12/06, 08/09/06, 09/06/06, 10/02/06, 10/30/06, 11/29/06, 12/18/06, 01/19/07, 02/16/07, 03/19/07, 04/18/07, 05/14/07, 06/13/07, 07/09/07, 08/02/07, 08/29/07, 09/26/07, 10/22/07, 11/14/07, 12/10/07, 01/09/08, 02/05/08, 03/03/08, 03/28/08, 04/24/08, 05/22/08, 07/14/08, 08/12/08, 09/08/08, 10/06/08, 11/04/08, 12/02/08, 12/29/08, 01/26/09, 02/23/09, 03/20/09, 04/17/09, 05/15/09, 06/15/09, 07/13/09, 08/10/09, 09/04/09, 10/02/09, 10/30/09, 11/30/09, 12/28/09, 01/25/10, 02/22/10, 03/24/10, 04/19/10, 05/17/10, 06/15/10, 07/12/10, 08/10/10, 09/07/10, 10/05/10, 11/02/10, 11/30/10, 12/18/10, 01/25/11, 02/22/11, 03/25/11, 04/01/11, 04/29/11, 05/27/11, and 07/19/11

A procedure note from Dr. for a thoracic epidural steroid injection dated 09/02/04, 09/30/04, 10/28/04, 02/02/05, 02/14/05, 03/09/06, 01/24/08, 07/17/08, 02/12/09, 11/24/09, 07/15/10, and 02/17/11

An initial interview at from L.P.C. dated 04/14/06

A preauthorization notice from dated 12/14/07

A preauthorization request from Dr. dated 02/01/08

A peer review from M.D. dated 06/23/08

A Required Medical Evaluation (RME) with M.D. dated 10/19/10

Toxicology reports from Toxicology dated 02/22/11 and 04/01/11

A preauthorization request from Dr. for a thoracic ESI at T12-L1 dated 06/05/11

Notification of Determination from dated 06/09/11 from M.D. dated 06/09/11

Letters of reconsideration from P.A.-C. dated 06/28/11 and 08/03/11

Another Notification of Determination from dated 07/08/11 from M.D.

A letter on behalf of the carrier from at the Law Offices of dated 08/30/11

The ODG for Low Back - Lumbar and Thoracic and Chronic Pain were provided

## **PATIENT CLINICAL HISTORY**

This patient was allegedly injured on xx/xx/xx apparently catching some doors that were falling. She saw Dr. on 09/02/04 for a T12-L1 thoracic ESI. She followed-up with Dr. on 10/27/05 with a continued complaint of midback pain with a pain level of 8/10. The patient was taking Methadone and Norco. Physical examination documented no abnormalities. Dr. then performed thoracic ESI at T11-T12 on 11/24/09 and at T12-L1 on 07/15/10 and 02/17/11. According to the documentation, the claimant received a total of 12 thoracic ESIs from Dr.

Dr. followed-up with the patient on 03/25/11, approximately five weeks after the thoracic ESI, documenting the patient's pain level of 9/10 with pain in the lower back, midback, and both legs. Dr. noted the patient had an MRI scan in January 2003, some eight years previously that demonstrated a T11-T12 disc extrusion. Dr. reviewed the numerous thoracic ESIs he had performed for this patient, some providing only six weeks of relief and others providing several months of relief.

He noted the patient was taking Cymbalta, Zanaflex, Lidoderm, Duragesic, Ambien, and Norco. Duragesic patch was increased from 100 mcg to 150 mcg.

Dr. followed-up with the patient again on 05/27/11, noting the same lower and midback pain with bilateral leg pain and essentially the same 8/10 pain level. Physical examination documented normal strength and sensation in both lower extremities except for decreased subjective sensation bilaterally at L5-S1, which obviously has nothing whatsoever to do with a T11-T12 disc herniation. Dr. recommended a repeat T12-L1 thoracic ESI, citing alleged "75% relief for six to eight weeks" following the most recent ESI in February 2011 when, in fact, his progress notes clearly demonstrated otherwise. The patient was continued on Cymbalta, Zanaflex, and Norco and OxyContin was increased from 40 mg. to 60 mg. every 12 hours.

An Initial Physician Adviser Review on 06/09/11 recommended non-authorization of the requested thoracic ESI, citing the lack of documentation that the patient did, in fact, obtain 70% relief for at least six to eight weeks following the 02/20/11 thoracic ESI. Dr. physician's assistant then wrote a letter requesting reconsideration on 06/28/11, stating that the last ESI on 02/11/11 gave the patient "75% relief for six weeks" when, in fact, the progress notes clearly indicate no such benefit.

A second Physician Adviser reviewed the request on 07/08/11, recommending non-authorization. That adviser cited the ODG for ESIs and noted that the clinical documentation actually indicated the patient obtaining pain relief for only "10 days" following the 02/20/11 thoracic ESI, and that there was "no clinical documentation to confirm that the pain relief lasted at least six to eight weeks as recommended by guideline recommendations."

Dr. followed up with the patient on 07/19/11, noting the same midback and bilateral leg pain with an essentially unchanged pain level of 7-8/10. No physical examination was documented. The patient was continuing all of the same medications except for OxyContin which apparently had been increased to 60 mg. every eight hours.

On 08/08/11 Dr. physician's assistant wrote a letter requesting IRO for the requested procedure.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

As pointed out by the second physician adviser and as evidenced by Dr. own records, the patient did not obtain long lasting relief from the thoracic ESI performed on 02/17/11. By 03/25/11, only five weeks later, the patient's pain level was, in fact, greater (9/10) than it was prior to that ESI. Therefore, the patient did not obtain the alleged 75% relief for at least six to eight weeks from

that thoracic ESI and clearly does not meet that ODG Treatment Guideline criterion. Moreover, and perhaps more importantly, the patient does not currently meet any ODG Treatment Guidelines for thoracic ESIs. According to the ODG, ESIs are considered appropriate when there is evidence of disc herniation causing neural compromise and evidence of radiculopathy and physical examination findings concordant with that MRI scan evidence of disc herniation. The ODG also stipulate the necessity for radiculopathy to be present either by electrodiagnostic studies or examination findings. This patient has never had radicular pain complaints consistent with a T11-T12 disc herniation, has never had any examination evidence of thoracic radiculopathy, and has never had any electrodiagnostic evidence of radiculopathy based on the documentation provided at this time. Bilateral leg pain and evidence of sensory “deprivation” in the bilateral L5 and S1 dermatomes as alleged by Dr. has nothing whatsoever to do with a T11-T12 disc herniation and is clearly not evidence of thoracic radiculopathy. Finally, Dr. has been performing these invasive procedures based upon imaging studies that are now well over eight years old and, in fact, may no longer even be indicative of any clinical pathology nor demonstrate any findings related to the alleged work injury. Therefore, according to the ODG Treatment Guidelines, this patient is not been, in my opinion, an appropriate candidate for any thoracic ESIs. The request, therefore, for a thoracic ESI at T12-L1 with SCARE with fluoroscopy and MAC anesthesia is not medically reasonable or necessary, medically indicated, nor supported by the ODG Treatment Guidelines. The recommendations from each of the two prior Physician Advisers for non-authorization of the requested procedure are, therefore, upheld at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)